

**CHAPTER 13 PLAN**  
**UNITED STATES BANKRUPTCY COURT**  
**SOUTHERN DISTRICT OF MISSISSIPPI**

Debtor: Napoleon Coleman SSN: XXX-XX-5284  
 Joint Debtor: \_\_\_\_\_ SSN: XXX-XX-  
 Address: 104 Pecan Terrace  
Petal, MS 39465

CASE NO. 15-51120 KMS  
 Median Income: ☐ Above ☒ Below

**THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured and priority debts must be provided for in this plan.**

**PAYMENT AND LENGTH OF PLAN**

The plan period shall be for a period of 60 months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

- (A) Debtor shall pay \$ 800.00 (☒ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

The City of Hattiesburg  
Post Office Box 1898  
Hattiesburg, MS 39403

- (B) Joint Debtor shall pay \$ \_\_\_\_\_ (☐ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIORITY CREDITORS.**

Filed claims which are not disallowed are to be paid in full or as ordered by the Court as follows:

Internal Revenue Service: \$ \_\_\_\_\_ at \$ \_\_\_\_\_/month  
 Mississippi Dept. of Revenue: \$ \_\_\_\_\_ at \$ \_\_\_\_\_/month  
 Other/\_\_\_\_\_: \$ \_\_\_\_\_ at \$ \_\_\_\_\_/month

**DOMESTIC SUPPORT OBLIGATION. DUE TO:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

POST PETITION OBLIGATION: In the amount of \$ \_\_\_\_\_ per month beginning \_\_\_\_\_.  
 To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.

PRE-PETITION ARREARAGE: In the total amount of \$ \_\_\_\_\_ through \_\_\_\_\_ which shall be paid in the amount of \$ \_\_\_\_\_ per month beginning \_\_\_\_\_.  
 To be paid ☐ Direct, ☐ through payroll deduction, or ☐ through the plan.

**HOME MORTGAGES.** All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

Mtg pmts to Caliber Home Loans Beginning October 2015 @ \$ 704.00 ☒ Plan ☐ Direct  
 Mtg pmts to \_\_\_\_\_ Beginning \_\_\_\_\_ @ \$ \_\_\_\_\_ ☐ Plan ☐ Direct  
 Mtg pmts to \_\_\_\_\_ Beginning \_\_\_\_\_ @ \$ \_\_\_\_\_ ☐ Plan ☐ Direct

Mtg arrears to Caliber Home Loans Through September 2015 \$ 3,000.00 @ \$ \_\_\_\_\_/mo  
 Mtg arrears to \_\_\_\_\_ Through \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_/mo  
 Mtg arrears to \_\_\_\_\_ Through \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_/mo

Debtor's Initials \_\_\_\_\_ Joint Debtor's Initials \_\_\_\_\_ Chapter 13 Plan, Page 1 of \_\_\_\_\_

**MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:**

Creditor: \_\_\_\_\_ Approx. amt. due: \_\_\_\_\_ Int. Rate: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

Creditor: \_\_\_\_\_ Approx. amt. due: \_\_\_\_\_ Int. Rate: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

**NON-MORTGAGE SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) pursuant to 11 U.S.C. § 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

CREDITOR'S NAME	COLLATERAL	910* CLM	APPROX. AMT. OWED	VALUE	INT. RATE	PAY VALUE OR AMT. OWED
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\* The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

**SPECIAL CLAIMANTS** including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	COLLATERAL	APPROX. AMT. OWED	PROPOSED TREATMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STUDENT LOANS** which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

CREDITOR'S NAME	APPROX. AMT. OWED	CONTRACTUAL MO. PMT.	PROPOSED TREATMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SPECIAL PROVISIONS** which may apply to any or all payments to be paid through the plan, including, but not limited to, adequate protection payments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL UNSECURED CLAIMS** total approximately \$ 5,645.00. Such claims must be *timely filed* and not disallowed to receive payment as follows: \_\_\_\_\_ IN FULL (100%), 5 %(percent) MINIMUM, or a total distribution of \$ \_\_\_\_\_, with the Trustee to determine the percentage distribution. *Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.*

Debtor's Initials \_\_\_\_\_

Joint Debtor's Initials \_\_\_\_\_

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Total attorney fee charged: \$ 3,200.00  
 Attorney fee previously paid: \$ 326.00  
 Attorney fee to be paid in plan: \$ 2,874.00

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Automobile Insurance Co/Agent \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attorney for Debtor (Name/Address/Phone/Email)

John H. Anderson

713 Arledge Street

Hattiesburg, MS 39401

Telephone/Fax: \_\_\_\_\_

Telephone No. 601-544-6077

Facsimile No. 601-582-3997

Email address johnjohna7@aol.com

DATED: August 14, 2015

DEBTOR'S SIGNATURE

/s/Napoleon Coleman

JOINT DEBTOR'S SIGNATURE \_\_\_\_\_

ATTORNEY'S SIGNATURE

/s/ John H. Anderson